

Making bad worse for expectant mothers

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Some Norwegian women with birth anxiety face additional trauma in their meeting with the country's health service, according to research carried out in Stavanger.

The Cesarean section rate is rising in most developed countries and many pregnant women around the world suffer from a fear of childbirth. In [Norway](#), birth [anxiety](#) affects one in five [pregnant women](#) and can prompt some to demand a Caesarean delivery. But the question is how afraid a woman must be before her wishes are heard.

Unlike many other countries, Norway does not give women an automatic right to a Caesarean – although their wishes are meant to be taken into account in the assessment.

"A number find their anxieties are not taken seriously," says postdoctoral researcher Ellen Ramvi at the University of Stavanger (UiS). "This has a big effect on the way they experience the birth and its aftermath."

The case histories of five women who gave birth vaginally after requesting a Caesarean were studied by Ramvi and midwife Margrethe Tangerud at Stavanger University Hospital.

They wanted to identify how these expectant mothers experienced their reception by health personnel when they asked for the operation.

Their research shows that the process of reaching a decision on how the baby is to be delivered is difficult both for the women themselves and

for the midwives and doctors.

Legitimate the fear

The women covered by the study reported they had difficulties feeling secure about [giving birth](#) and about their relationship with the medical personnel.

"We interpreted our interviews to suggest that some women 'deserved' to get help and understanding for their birth anxiety," explains Tangerud.

"That applied to those expectant mothers whose fears could be explained and understood by the health personnel. When the latter could find no obvious reason for the birth anxiety, the women experienced little understanding of their wish for a Caesarean."

In other words, the women felt that they had to legitimate their fear of giving birth in order to be met with any respect by midwives and doctors.

"Every woman has the right to have her anxieties taken seriously," says Ramvi. "That also applies to the ones who can't explain or don't understand the reasons for their own fears."

"The most important job of midwives and doctors is to take account of the woman's anxieties, not to attempt to treat these concerns."

Inhumane decisions

One of the women in the study reported that her anxiety was so great that she felt prepared to sacrifice the baby to avoid a vaginal delivery.

"Being told that I'd have to give birth that way was awful," she said. "I thought I was going to die. The doctor looked so stern. I felt he was cross. I think you can become so afraid of giving birth that the child becomes unwanted."

Another of the subjects said: "Nobody listened when I tried to explain my position. I was quite simply not given a choice. It was an inhuman decision."

Three of the women in the study had a difficult time with their child after the birth, and had substantial problems in bonding with it.

Ramvi and Tangerud believe that health personnel must help women with birth anxiety to break out of a vicious circle where they fight their fear before, during and after birth. The anxiety often carries over to a subsequent pregnancy.

"Midwives and doctors mustn't make a bad position worse," says Tangerud. "They must respond with an active and open dialogue and by respecting the feelings these women are suffering from."

"Health personnel must be aware that [women](#) have the right to participate in the decision on Caesarean or vaginal delivery," agrees Ramvi. "Expectant mothers must feel that their voice is heard on the way to reaching this decision."

Provided by University of Stavanger

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